IN THE

### COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

**DIVISION:** 

CASE NUMBER: 05-\_\_\_\_\_

**PETITIONER/PLAINTIFF** 

**RESPONDENT/DEFENDANT** 

## REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR A PARTY NOT REPRESENTED BY AN ATTORNEY

requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e-mail service because I am not represented by an attorney and:

 $\Box$  I do not have an e-mail account.

 $\Box$  I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at the following address\_\_\_\_\_\_

. I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing request and that the facts stated in it are true.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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### **CLERK'S DETERMINATION**

Based on the information provided in this request, I have determined that the applicant is  $\Box$  excused or  $\Box$  not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud.

Admin. 2.516(b)(1)(C).

Dated:

Rachel M. Sadoff, CFCC Clerk of the Court

By: \_\_\_\_\_ Deputy Clerk: \_\_\_\_\_

by (hand delivery)

### **CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to the Clerk of Court for Brevard County and

\_\_\_(mail) on \_\_\_\_\_\_.

Signature

Printed name

intea name

Address

Phone number

# A PERSON WHO IS NOT EXCUSED MAY SEEK REVIEW BY A JUDGE BY REQUESTING A HEARING TIME

Sign here if you want the Judge to review the clerk's determination that you are not excused from the e-mail service requirements. You do not waive or give up any right to judicial review of the clerk's determination by not signing this part of the form.

Dated:

Signature:

Print Name:	
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